



Liquor License Rebate Program Application

Eligibility Requirements

- Only applies to liquor licenses fees for on-premises consumption (“pouring” or “by the drink” liquor license fees)
- Packaged liquor license fees are not eligible for the rebate program
- Applicant must be a license holder for all liquor license types **EXCEPT** Packaged
- Applicant must be current on remittance of City of Rockford Local Sales Tax

SECTION ONE APPLICANT INFORMATION

Business Name: _____

Business Address: _____

Contact Name: _____ Phone: _____

Email Address: _____

License Type (*i.e.*
consumption/liquor
by the drink/beer and
wine by the drink): _____

Paid: Annually _____ Semi-annually _____

Has second semi-annual payment been made? Yes _____ No _____

SECTION TWO ELIGIBILITY

Is the business delinquent on the payment of any local tax obligation?

Yes _____ No _____

Does the business owe any outstanding fines or fees to the City of Rockford?

Yes _____ No _____

Has the business been cited for any violation of the Restore Illinois plan?

Yes _____ No _____



If YES to any of the above, please provide details below.

SECTION THREE

CERTIFICATION

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF ROCKFORD TO ISSUE THE LIQUOR LICENSE FEE REBATE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LIQUOR LICENSE FEE REBATE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, AND THE CITY OF ROCKFORD CODE OF ORDINANCES.

Signature

Date

Please return form to the attention of Shelia Alexander, Legal Department- 7th floor at 425 E State St, Rockford, IL 61104, or email at Shelia.Alexander@rockfordil.gov.

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

Legal: Approved / Disapproved By: _____ Date: _____

Finance: Approved / Disapproved: By: _____ Date: _____

Notes: _____